



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
POLICIES AND PROCEDURES**

Policy No.: DOC 1.3.48	Subject: <b>REIMBURSABLE MEETING COSTS</b>
Chapter 1: ADMINISTRATION AND MANAGEMENT	Page 1 of 2, plus attachment
Section 3: Personnel	Revision Date:
Signature: /s/ Bill Slaughter, Director	Effective Date: March 15, 2005

**I. POLICY:**

It is the policy of the Department of Corrections to adopt the guidelines established in 2-18-501 through 2-18-512, MCA, Travel, Meals and Lodging Rates; and, the Montana Operations Manual, Volume 1, Chapter 0300, Employee Travel.

**II. IMPLEMENTATION:**

This policy will be implemented on the effective date.

**III. AUTHORITY:**

*2-15-112, MCA*

*53-1-203, MCA*

*2-18-501 through 2-18-512, MCA*

*Montana Operations Manual*

*Duties and Powers of Department Heads*

*Powers and Duties of Department of Corrections*

*Travel, Meals and Lodging Rates*

*Employee Travel, Volume 1, Chapter 0300*

**IV. DEFINITIONS:**

None.

**V. PROCEDURAL GUIDELINES:**

**A.** State funded refreshments will not be provided during the course of meetings or for special occasions. The two exceptions to this policy are:

1. Formal meetings of advisory councils or boards, whose purpose is to advise and recommend policy to the Department. Refreshment costs may not exceed the current per diem set by *MCA 2-18-501 through 2-18-512*.
2. Working meetings that continue during a meal period with out-of-town employees or non-employees participating. A meal may be ordered with costs not to exceed the current per diem set by *MCA 2-18-501 through 2-18-512*. Payment requests must include date, time, and location of the meeting and the list of attendees.

**B.** Staff may charge meeting costs to the employees' State of Montana procurement card or complete a travel voucher electronically or manually (see attachment). The pro-card log or expense voucher must include receipts and be signed manually by the employee and supervisor.

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- C. The employee will retain a copy of each expense voucher and receipts for his or her own records.

**VI. CLOSING:**

Questions concerning this policy should be directed to the Centralized Services Division.

State Of Montana <i>Travel Expense Voucher</i>					<b>IMPORTANT!</b> <i>Refer to instructions before preparing. Do not submit vouchers more than twice monthly.</i>									
Name: _____					Month/Year: _____									
Address: _____					Department Headquarters: _____									
City: _____					Organization Center: _____									
State: _____ Zip Code: _____					Social Security Number: _____									
Briefly explain nature of trip(s):   														
	1		2		3	4	5	6	7		8	9		
Day	Departure Time	AM PM	Arrival Time	AM PM	Travel Details	Mode of Travel	Personal Car/Air Milage	Milage Allowance: Miles x Rate	Per Diem Allowed		Other Expenses	Total Amount		
									Attach	Lodging Receipt				
									Lodging	Meals				
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31														
For Agency Use Only					10	Column Totals								
					11	Less Travel Advance Received								\$0.00
					12	Net Reimbursement Due Me								\$0.00
					13	Net Payment Due State								\$0.00
Miscellance Expenses:														
I hereby certify this is a valid travel claim to the State in accordance with statutes and administrative procedures.														
Employee's signature:							Date:							
Supervisor's approval:							Date:							